

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S.2		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H-S	866	05-07-01

Request

INDEX OF CLAIMS

08-20-01

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	1/23/4
2	3/20/4
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
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37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

TU 05/10/1  
 5085  
 06/10/01